



**The Commonwealth of  
Massachusetts**

**TOWN OF HOLDEN**

1196 Main Street, Holden, MA 01520  
Phone 508-210-5538 Fax 508-829-0252

**APPLICATION FOR TANNING PERMIT**

Fee: \$ 200.00, Expires July 31, yearly  
(Make check payable to Town of Holden)

(Date) \_\_\_\_\_

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

\_\_\_\_\_  
(Full name of person, firm or corporation making application)

\_\_\_\_\_  
(Give location by street and number)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(Email) required

**TANNING PERMIT**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Address)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
\* Signature of Individual  
Or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if Applicable)

\_\_\_\_\_  
\*\* Social Security # (Voluntary)  
Or Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c. 62C s. 49A.

**\*\* Incomplete applications will not be processed \*\***

Please provide the following information:

- 1) The Manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility.
- 2) The name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent.
- 3) A copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003 (D)(2) and (3).
- 4) A copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.
- 5) A copy of the Tanning Certification for all Operators. \* A trained operator must be present at all times during operating hours per 105 CMR 123.00 (C)(3). Tanning Certification is available thru the MA Local Public Health Institute Online Training Modules at: <http://www.masslocalinstitute.org/?p=2192>

A copy of the MDPH requirements for Tanning Facilities 105 CMR 123.000 can be found online at: <http://www.mass.gov/eohhs/docs/dph/regs/105cmr123.pdf>

Please download and read these requirements and sign the below statement:

I \_\_\_\_\_ have read and understood the requirements of  
Owner/Operator's Full Name

105 CMR 123.000. \_\_\_\_\_  
Date

**\*\* Incomplete applications will not be processed\*\***